Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4880AGC	A. BUILDING _____ B. WING _____	C 03/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF HENDERSON	1555 WEST HORIZON RIDGE PARKWAY HENDERSON, NV 89012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 3/3/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A. The facility is licensed for 105 Total Residential Facility for Group beds, 65 beds for elderly and disabled persons, and 40 beds which provides care to persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was 78. Nineteen resident files were reviewed and 15 employee files were reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=D	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This STANDARD is not met as evidenced by: Based on record review on 3/3/11, the facility failed to ensure that 2 of 14 employees received eight hours of annual training (Employee #6 and	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 #9). Severity: 2 Scope: 1	Y 070		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 3/3/11, the facility failed to ensure 3 of 15 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #5, #6, #12 and #14). This was a repeat deficiency from the 4/20/10 State Licensure survey. Severity: 2 Scope: 2	Y 103		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,	Y 106		

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Y 106	Continued From page 2 (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 3/3/11, the facility failed to ensure that 1 of 14 employees were trained in first aid and cardiopulmonary resuscitation (Employee #11). This was a repeat deficiency from the 4/20/10 State Licensure survey. Severity: 2 Scope: 1	Y 106		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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Y 255	Continued From page 3 This Regulation is not met as evidenced by: Based on observation, interview and record review on 3/3/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. A container of garlic in oil, requiring refrigeration, was on the food preparation table in the kitchen at 72 degrees F. b. There was an unlabeled container of detergent under the sink in the memory care area. 2. Cleaning and Sanitation Issues: a. A small plastic container without a handle was being used as a scoop for the parmesan cheese, and the container was stored in the parmesan cheese. b. The wiping cloths were not being stored in sanitizer solution. c. The shelf above the microwave and the interior of the hot holding unit in the kitchen were soiled. d. The wash temperature of the dishmachine was 110 degrees F, instead of the required 150 degrees F. 3. Equipment and Maintenance Issues: a. The wet, soiled mop was left in the mop bucket in the janitor's closet. b. The ground of the outside dumpster	Y 255		

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Y 255	Continued From page 4 enclosure was heavily soiled. c. A household-grade toaster oven was on the counter of the snack area. d. The dipper well for the ice cream case in the kitchen had not been plumbed. e. The hood vent above the dishmachine was soiled. Severity 2: Scope: 3	Y 255		